

Fill in this information to identify your case:

United States Bankruptcy Court for the:

\_\_\_\_\_ District of \_\_\_\_\_

Case number (if known): \_\_\_\_\_

Chapter you are filing under:

- ☐ Chapter 7  
☐ Chapter 11  
☐ Chapter 12  
☐ Chapter 13

FILED IN THE  
US BANKRUPTCY COURT  
DISTRICT OF WYOMING

2018 JUN 15 PM 1:08

THIS CASE IS CLOSED

☐ Check if this is an  
amended filing

## Official Form 101

# Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Identify Yourself

#### About Debtor 1:

#### About Debtor 2 (Spouse Only in a Joint Case):

#### 1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

ABIEBA  
First name  
H.  
Middle name  
HAIWANIE  
Last name  
\_\_\_\_\_  
Suffix (Sr., Jr., II, III)

\_\_\_\_\_  
First name  
\_\_\_\_\_  
Middle name  
\_\_\_\_\_  
Last name  
\_\_\_\_\_  
Suffix (Sr., Jr., II, III)

#### 2. All other names you have used in the last 8 years

Include your married or maiden names.

\_\_\_\_\_  
First name  
\_\_\_\_\_  
Middle name  
\_\_\_\_\_  
Last name  
\_\_\_\_\_  
First name  
\_\_\_\_\_  
Middle name  
\_\_\_\_\_  
Last name

\_\_\_\_\_  
First name  
\_\_\_\_\_  
Middle name  
\_\_\_\_\_  
Last name  
\_\_\_\_\_  
First name  
\_\_\_\_\_  
Middle name  
\_\_\_\_\_  
Last name

#### 3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

XXX - XX - 5 6 7 0  
OR  
9 XX - XX - \_\_\_\_\_

XXX - XX - \_\_\_\_\_  
OR  
9 XX - XX - \_\_\_\_\_

Debtor 1 ABIEBA H. HAJWANIE  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**About Debtor 1:**

**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

Include trade names and doing business as names

☒ I have not used any business names or EINs.

Business name \_\_\_\_\_

Business name \_\_\_\_\_

EIN \_\_\_\_\_

EIN \_\_\_\_\_

**About Debtor 2 (Spouse Only in a Joint Case):**

☐ I have not used any business names or EINs.

Business name \_\_\_\_\_

Business name \_\_\_\_\_

EIN \_\_\_\_\_

EIN \_\_\_\_\_

**5. Where you live**

125 NAVAJO STR  
Number Street

EVANSTON  
City

EVANSTON WY 82930  
City State ZIP Code

UINTA  
County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street \_\_\_\_\_

P.O. Box \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

**If Debtor 2 lives at a different address:**

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

County \_\_\_\_\_

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number Street \_\_\_\_\_

P.O. Box \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

**6. Why you are choosing this district to file for bankruptcy**

**Check one:**

☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.  
(See 28 U.S.C. § 1408.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Check one:**

☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.  
(See 28 U.S.C. § 1408.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Debtor 1 ABIEBA H. HATWANIE  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Tell the Court About Your Bankruptcy Case**

**7. The chapter of the Bankruptcy Code you are choosing to file under**

Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

☒ Chapter 7

☐ Chapter 11

☐ Chapter 12

☐ Chapter 13

**8. How you will pay the fee**

☐ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

☐ I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

☐ I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

**9. Have you filed for bankruptcy within the last 8 years?**

☐ No

☐ Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY  
District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY  
District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

**10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**

☐ No

☐ Yes. Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY  
Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY

**11. Do you rent your residence?**

☐ No. Go to line 12.

☐ Yes. Has your landlord obtained an eviction judgment against you?

☐ No. Go to line 12.

☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1

ABIEBA H. HAJWANIE  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

**12. Are you a sole proprietor of any full- or part-time business?**

☒ No. Go to Part 4.

☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

- ☐ No. I am not filing under Chapter 11.  
☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  
☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

☒ No

☐ Yes. What is the hazard? \_\_\_\_\_

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

If immediate attention is needed, why is it needed? \_\_\_\_\_

Where is the property? \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Debtor 1

ABIEBA H- HAJWANIE  
First Name Middle Name Last Name

Case number (if known)

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

☒ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1

ABIEBA H. HAJWANIE  
First Name Middle Name Last Name

Case number (if known)

**Part 6: Answer These Questions for Reporting Purposes**

**16. What kind of debts do you have?**

**16a. Are your debts primarily consumer debts?** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- ☐ No. Go to line 16h.  
☒ Yes. Go to line 17.

**16b. Are your debts primarily business debts?** Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- ☐ No. Go to line 16c.  
☐ Yes. Go to line 17.

**16c. State the type of debts you owe that are not consumer debts or business debts.**

**17. Are you filing under Chapter 7?**

☐ No. I am not filing under Chapter 7. Go to line 19.

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

- ☒ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?  
☐ No  
☐ Yes

**18. How many creditors do you estimate that you owe?**

- ☒ 1-49  
☐ 50-99  
☐ 100-199  
☐ 200-999  
☐ 1,000-5,000  
☐ 5,001-10,000  
☐ 10,001-25,000  
☐ 25,001-50,000  
☐ 50,001-100,000  
☐ More than 100,000

**19. How much do you estimate your assets to be worth?**

- ☒ \$0-\$50,000  
☐ \$50,001-\$100,000  
☐ \$100,001-\$500,000  
☐ \$500,001-\$1 million  
☐ \$1,000,001-\$10 million  
☐ \$10,000,001-\$50 million  
☐ \$50,000,001-\$100 million  
☐ \$100,000,001-\$500 million  
☐ \$500,000,001-\$1 billion  
☐ \$1,000,000,001-\$10 billion  
☐ \$10,000,000,001-\$50 billion  
☐ More than \$50 billion

**20. How much do you estimate your liabilities to be?**

- ☐ \$0-\$50,000  
☒ \$50,001-\$100,000  
☐ \$100,001-\$500,000  
☐ \$500,001-\$1 million  
☐ \$1,000,001-\$10 million  
☐ \$10,000,001-\$50 million  
☐ \$50,000,001-\$100 million  
☐ \$100,000,001-\$500 million  
☐ \$500,000,001-\$1 billion  
☐ \$1,000,000,001-\$10 billion  
☐ \$10,000,000,001-\$50 billion  
☐ More than \$50 billion

**Part 7: Sign Below**

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

x

*Hajwanie*

Signature of Debtor 1

x

Signature of Debtor 2

Executed on MM / DD / YYYY

Executed on MM / DD / YYYY

Debtor 1

ABIEBA H. HATWANIE  
First Name Middle Name Last Name

Case number (if known)

**For you if you are filing this bankruptcy without an attorney**

**If you are represented by an attorney, you do not need to file this page.**

The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm. If your case is selected for audit, if that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. **Bankruptcy fraud is a serious crime; you could be fined and imprisoned.**

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious action with long-term financial and legal

☐ No  
☒ Yes

Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?

☐ No  
☒ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms?

☒ No

☐ Yes. Name of Person

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.

x Hatwanie

x

Date MM/DD/YYYY

Date MM/DD/YYYY

Cell phone 801-859-1009

Cell phone

17 abiebah@gmail.com

Debtor 1

ABIKBA H. HAJWANIE  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

**16. Cash**

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

☒ Yes \_\_\_\_\_

Cash: ☒ \$ 57 - 66/100.

**17. Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☒ Yes \_\_\_\_\_

Institution name:

17.1. Checking account:

NETSPEND DEBIT CARD \$

17.2. Checking account:

~~NETSPEND~~ \$

17.3. Savings account:

\$

17.4. Savings account:

\$

17.5. Certificates of deposit:

\$

17.6. Other financial account:

\$

17.7. Other financial account:

\$

17.8. Other financial account:

\$

17.9. Other financial account:

\$

**18. Bonds, mutual funds, or publicly traded stocks**

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No

☐ Yes \_\_\_\_\_

Institution or issuer name:

\$  
\$  
\$

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

☒ No

☐ Yes. Give specific information about them \_\_\_\_\_

Name of entity:

% of ownership:

Name of entity:	% of ownership:	
_____	0% %	\$ _____
_____	0% %	\$ _____
_____	0% %	\$ _____



Fill in this information to identify your case:

Debtor 1 ABIEBA H. HATWANIE  
First Name Middle Name Last Name

Debtor 2  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_

Case number  
(If known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 106E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims against you?

- ☒ No. Go to Part 2.  
☐ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim Priority amount Nonpriority amount

2.1	Priority Creditor's Name	Last 4 digits of account number	Total claim	Priority amount	Nonpriority amount
	Number Street	When was the debt incurred?			
	City State ZIP Code	As of the date you file, the claim is: Check all that apply.			
	Who incurred the debt? Check one.	<input type="checkbox"/> Contingent			
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Unliquidated			
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Disputed			
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:			
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Domestic support obligations			
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Taxes and certain other debts you owe the government			
	Is the claim subject to offset?	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated			
	<input type="checkbox"/> No	<input type="checkbox"/> Other. Specify _____			
	<input type="checkbox"/> Yes				

2.2	Priority Creditor's Name	Last 4 digits of account number	Total claim	Priority amount	Nonpriority amount
	Number Street <td>When was the debt incurred?</td> <td></td> <td></td> <td></td>	When was the debt incurred?			
	City State ZIP Code <td>As of the date you file, the claim is: Check all that apply.</td> <td></td> <td></td> <td></td>	As of the date you file, the claim is: Check all that apply.			
	Who incurred the debt? Check one.	<input type="checkbox"/> Contingent			
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Unliquidated			
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Disputed			
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:			
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Domestic support obligations			
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Taxes and certain other debts you owe the government			
	Is the claim subject to offset?	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated			
	<input type="checkbox"/> No	<input type="checkbox"/> Other. Specify _____			
	<input type="checkbox"/> Yes				

Debtor 1 ADILBA H. HAJWANIE  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1 BANK OF THE WEST  
Nonpriority Creditor's Name  
6700 S. CENTINELA AVE  
Number Street  
CULVER CITY CA 90230  
City State ZIP Code

Last 4 digits of account number 0239

When was the debt incurred? 2017

Total claim

\$ 342.71

**Who incurred the debt? Check one.**

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**As of the date you file, the claim is: Check all that apply.**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify OVERDRAFT

4.2 CAROL KADDAS.  
Nonpriority Creditor's Name  
6754 S 1670 E  
Number Street  
MURRAY UT 84121.  
City State ZIP Code

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? 2017

\$ 15000.00

**Who incurred the debt? Check one.**

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**As of the date you file, the claim is: Check all that apply.**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify \_\_\_\_\_

4.3 CASHNET U.S.A.  
Nonpriority Creditor's Name  
1-877-905-6013  
Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

\$ 300.00

City State ZIP Code

**Who incurred the debt? Check one.**

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**As of the date you file, the claim is: Check all that apply.**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify \_\_\_\_\_

Debtor 1 ABILEBA H. HATWANIE Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.4

DISCOVER BANK.  
 Nonpriority Creditor's Name

Last 4 digits of account number 4552

\$15316.00/1

When was the debt incurred? 2017

Number Street

As of the date you file, the claim is: Check all that apply.

City State ZIP Code

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Who incurred the debt? Check one.

Type of NONPRIORITY unsecured claim:

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

4.5

FAST BUCKS.  
 Nonpriority Creditor's Name

Last 4 digits of account number \_\_\_\_\_

?? \$500.00/100

4367 S. STATE STR  
 Number Street

When was the debt incurred? 2016

MURRAY UT 84107.  
 City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Who incurred the debt? Check one.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

Is the claim subject to offset?

- ☐ No  
☐ Yes

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify \_\_\_\_\_

4.6

GRACE COMMUNITY CHURCH  
 Nonpriority Creditor's Name

Last 4 digits of account number \_\_\_\_\_

\$300.00

HIGHLAND DRIVE  
 Number Street

When was the debt incurred? 3/2017

UTAH.  
 City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Who incurred the debt? Check one.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

Is the claim subject to offset?

- ☐ No  
☐ Yes

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify \_\_\_\_\_

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.7

CHECK SMART.

Nonpriority Creditor's Name

ADE. 4500 S. STATE

Number Street

MURRAY

UT.

84107

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No☐ Yes

Last 4 digits of account number \_\_\_\_\_

\$5000.00/100.

When was the debt incurred? 2016.

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify \_\_\_\_\_

4.8

SUSAN WRIGHT.

Nonpriority Creditor's Name

4874 So. STATE STR

Number Street

MURRAY

UT.

84107

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No☐ Yes

Last 4 digits of account number \_\_\_\_\_

\$5000.00.

When was the debt incurred? 1/30/17

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify \_\_\_\_\_

4.9

SOLUTIONS LOAN

Nonpriority Creditor's Name

5469 S. STATE STR

Number Street

MURRAY

UT

84107.

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No☐ Yes

Last 4 digits of account number \_\_\_\_\_

\$2500

When was the debt incurred? 2016

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify \_\_\_\_\_

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.10

SEAN PRESSCOTT.  
 Nonpriority Creditor's Name  
 12211 RIVER VISTA DR.  
 Number Street  
 RIVERTON UT.  
 City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No  
☐ Yes

Last 4 digits of account number

\$ 15000.00.

When was the debt incurred? 2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify

4.11

SINCLAIR OIL.  
 Nonpriority Creditor's Name  
 Number Street  
 City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No  
☐ Yes

Last 4 digits of account number 1703

\$ 372.74.

When was the debt incurred? 2017.

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify

4.12

ZIONS BANK.  
 Nonpriority Creditor's Name  
 1875 So REDWOOD RD  
 Number Street  
 S.L.C. UT. 84104.  
 City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No  
☐ Yes

Last 4 digits of account number 7433

\$ 4000.00/00.

When was the debt incurred? 2017.

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.13

WELLS FARGO.  
 Nonpriority Creditor's Name  
 1000 VISTA DR  
 Number Street  
 WEST DES MOINES IA 50266  
 City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No  
☐ Yes

Last 4 digits of account number 3381

\$2746.67%

When was the debt incurred? 2016.

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify \_\_\_\_\_

4.14

MURRAY FINANCE  
 Nonpriority Creditor's Name  
 4904 So STATE ST.  
 Number Street  
 MURRAY UT 84107  
 City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

\$200.00

When was the debt incurred? 2017.

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify \_\_\_\_\_

4.15

THE CASH STORE  
 Nonpriority Creditor's Name  
 4379 So. STATE ST  
 Number Street  
 MURRAY UT 84107  
 City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

\$300.00.

When was the debt incurred? 2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify \_\_\_\_\_

Debtor 1 ABIEBA H. HAIWANIE  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

**Total claims from Part 1**

6a. Domestic support obligations

6a. \$ Ø

6b. Taxes and certain other debts you owe the government

6b. \$ Ø

6c. Claims for death or personal injury while you were intoxicated

6c. \$ Ø

6d. Other. Add all other priority unsecured claims. Write that amount here.

6d. + \$ Ø

6e. Total. Add lines 6a through 6d.

6e. \$ Ø

**Total claim**

**Total claims from Part 2**

6f. Student loans

6f. \$ Ø

6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims

6g. \$ Ø

6h. Debts to pension or profit-sharing plans, and other similar debts

6h. \$ Ø

6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

6i. + \$ Ø

6j. Total. Add lines 6f through 6i.

6j. \$ Ø

Debtor 1 ABIEBA H. HAJWANIE

Case number (if known) \_\_\_\_\_

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here..... → 4.	\$ _____	\$ _____
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ <u>0</u>	\$ _____
5b. Mandatory contributions for retirement plans	5b. \$ <u>0</u>	\$ _____
5c. Voluntary contributions for retirement plans	5c. \$ <u>0</u>	\$ _____
5d. Required repayments of retirement fund loans	5d. \$ <u>0</u>	\$ _____
5e. Insurance	5e. \$ <u>0</u>	\$ _____
5f. Domestic support obligations	5f. \$ _____	\$ _____
5g. Union dues	5g. \$ <u>0</u>	\$ _____
5h. Other deductions. Specify: _____	5h. + \$ <u>0</u>	+ \$ _____
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ <u>0</u>	\$ _____
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ <u>0</u>	\$ _____
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <u>0</u>	\$ _____
8b. Interest and dividends	8b. \$ <u>0</u>	\$ _____
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ _____	\$ _____
8d. Unemployment compensation	8d. \$ _____	\$ _____
8e. Social Security	8e. \$ <u>1500.00</u>	\$ _____
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ <u>0</u>	\$ _____
8g. Pension or retirement income	8g. \$ <u>0</u>	\$ _____
8h. Other monthly income. Specify: _____	8h. + \$ <u>0</u>	+ \$ _____
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ <u>0</u>	\$ _____
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <u>0</u> + \$ _____ = \$ _____	\$ _____
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____		
		11. + \$ _____
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies		12. \$ <u>0</u> <b>Combined monthly income</b>
<b>13. Do you expect an increase or decrease within the year after you file this form?</b> <input type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____		



BANK OF THE WEST,  
6700 S. CENTINELA AVE  
CULVER CITY. CA. 90230.

\$ 342.71.

CAROL KADDAS  
6754 So. 1670 E  
MURRAY UT. 84121

\$15000.00.

CASHNET U.S.A.  
175 WEST JACKSON  
CHICAGO IL. 60604

\$300.00

DISCOVER BANK.  
250 No. SUNNYSLOPE RD  
BROOKFIELD WI. 53005.

\$15316.00

FAST Bucks.  
4364 So. STATE ST.  
MURRAY UT. 84107.

?? \$ 500.00.

GRACE Comm. Church.  
HIGHLAND DR.  
SANDY. UT. 84094.

\$3000.00.

CHECK SMART.

\$5000.00.

40 E. 4500 So.

MURRAY UT. 84104.

SUSAN WRIGHT.

\$5000.00

4874 So. STATE ST.

MURRAY UT. 84104

SOLUTIONS LOAN

\$2500.00,

5469 So. STATE STK.

MURRAY UT 84104

SEAN PRESSCOTT.

\$15000.00

12211 RIVER VISTA DR.

RYVERTON UT.

SINCLAIR OIL.

\$372.75

P.O. Box 4000

RAWLINS WY. 82301.

ZIONS BANK.

4000.00

1875 So. REDWOOD RA.

S.L.C. UT. 84104

*Abiba N. Stigman*

WELLS FARGO

\$2746.67.

1000 VISTA DR.

WEST DES MOINES IA. 50266.

MURRAY FINANCE

\$ 200.00

4904 So. STATE

MURRAY. UT. 84107

THE CASH STORE

\$300.00

4379 So. STATE STR

MURRAY UT. 84107.

**The Best Service Company**

A Professional Debt Collection Agency

6700 S. Centinela Avenue, Third Floor • Culver City CA 90230-6304

Toll Free (877) 237-8500 • Pay by Phone (866) 314-2010 • Fax (310) 477-7694 • (310) 477-0471

Pay on-line [www.tbsc.la](http://www.tbsc.la) • Admin. Office Hours 8:30 to 5:30PM P.S.T. M-F • Reps. Available extended hours & some Sat/Sun**\*\*\* Account Information \*\*\***

February 20, 2018

Account #: 11710239  
 Creditor: BANK OF THE WEST  
 OVERDRAFT  
 IM0049272263  
 Balance Due: \$342.71  
 Annual Int. Rate: 07.00%



Dear Abieba H Hajwanie:

We sent a letter to you wherein you were advised that your overdue balance is being handled by this office for collection. We want to work with you to solve this matter.

Please call us so that we may see what can be done to bring this matter to a proper conclusion. Our office will expect you to call us within the next (10) days to advise us how you plan to resolve this balance. A settlement may be possible.

Communication with each other is the best way to find the right solution for your account. Don't delay; call today!

Very truly yours,

The Best Service Company

Josie Young  
 N99

**Important Notice:** This communication is from a debt collector and is an attempt to collect a debt. Any information obtained will be used for that purpose.

**\*\*\* Please see reverse side for important information and payment options \*\*\***

\*\*\*Detach Lower Portion and Return with Payment\*\*\*

WCSTBSC02B2



PO Box 45405  
 Los Angeles CA 90045-0405  
 ADDRESS SERVICE REQUESTED

Creditor: BANK OF THE WEST  
 IM0049272263  
 Account #: 11710239  
 Balance Due : \$342.71

February 20, 2018

Make your check or money order payable to:

The Best Service Company  
 PO Box 45405  
 Los Angeles CA 90045-0405

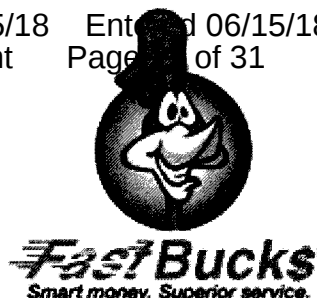


Personal and Confidential  
 Abieba H Hajwanie  
 125 Navajo Cir  
 Evanston WY 82930-4518





7920 Beltline Rd Ste 600  
Dallas, TX 75254



Abieba Hajwanie  
6564 S 1670 E  
Salt Lake City, UT 84121

January 2, 2017

Loan 174-148182647986587 due on 12/28/2016

**BE ADVISED THAT THIS COMMUNICATION IS MADE FOR THE PURPOSE OF COLLECTING A DEBT AND ANY INFORMATION OBTAINED MAY BE USED FOR THE PURPOSE OF COLLECTING THE DEBT**

The purpose of this letter is to inform you that your FastBucks account is **past due**.

**This is a very serious matter that needs your immediate attention.** Please call FastBucks or come to the store immediately so that arrangements can be made for payment of your debt to us.

FastBucks of Murray II  
8012882274  
4367 S. State Street, Suite A  
Murray, UT 84107

You are a valued customer and we do appreciate your business. Thank you in advance for your immediate attention regarding this matter. If you have already sent us your payment, please disregard this notice.

Sincerely,  
FastBucks Customer Care  
(877) 711-4445

**WELLS  
FARGO****Wells Fargo Bank, N.A.**  
MAC N8235-040  
7000 Vista Drive  
West Des Moines, IA 50266

02/09/2018

230806 L2Q6T051 RQC4073D  
ABIEBA H HAJWANIE  
125 NAVAJO CIR  
EVANSTON, WY 82930

Subject: Action required on the balance due for your account ending in 3381  
Account Balance Now Due \$2,746.67

Dear ABIEBA H HAJWANIE:

We are writing to explain that your account balance is due in full. Please call us as soon as possible. We want to work with you to discuss your payment options. Here are some of the options that may be available to you:

**Want to Pay Off Your Entire Balance with Monthly Payments?** Payment plans may be available to help you pay your balance in full over time. Depending on your financial resources, one of our representatives may be able to create a plan that will satisfy your needs.

Please call us to take advantage of one of these offers. If you choose monthly payments and after your entire balance is paid in full, we will report to the credit bureaus the updated status of your account as "Account paid in full/was a charge-off."

**Settlement Options With a Savings of 40% Off Your Balance**

**Want to Resolve This Today?** You can make a one-time payment of \$1,648.00.

**Need Budget Friendly Payments?** You can make the first payment of \$274.65 followed by 5 consecutive monthly payments of \$274.67 each for a total of \$1,648.00.

**What you need to know about the settlement option:**

- In accepting this settlement we intend to discontinue collections. Upon receipt of valid funds, we will update our records to indicate the account is settled. Including in most circumstances reporting to the consumer reporting agencies that this account has been settled and charged off for less than the full balance.
- Your payment(s) are confirmation of this arrangement.

## **We're here to help**

We're here to work with you. If you have questions or want to discuss repayment options, please call us at 1-866-614-5175. We are available to assist you:

- Monday through Thursday from 7:00 a.m. to 8:00 p.m., Central Time
- Friday from 7:00 a.m. to 6:00 p.m., Central Time

For customers with hearing or speech disabilities, we accept telecommunications relay services calls.

Thank you.

Wells Fargo Bank, N.A.

Under certain circumstances, the IRS requires financial institutions to report whenever \$600 or more of principal is discharged in settlement of a debt. Thus, Wells Fargo may be required to report information about the settlement to the IRS.

The laws of some states require us to inform you that this communication is an attempt to collect a debt and that any information obtained will be used for that purpose.

The content of this communication is solely intended for the individual(s) to whom it is addressed. Commercial and/or mass distribution or reproduction of the content, in whole or in part, of this letter including the proprietary company logo is strictly prohibited.

923222





Payee: Keith Kindler

Account  
Number:

Check No: 7353

Invoices:

Check Date: 03/30/2017

Inv #: Mar302017 \$3,000.00

2015 East Newcastle Dr.  
Sandy Utah 84090

Comments: Benevolence gift



RAUSCH STURM

**ACCOUNT DETAILS**

**Name:** ABIEBA HAJWANIE

**Our File Number:** 2667001

**Account No.:** \*\*\*\*\*4552

**Creditor to Whom the Debt is Owed:** DISCOVER BANK

**Account Balance:** \$15,316.19

May 31, 2018

Dear ABIEBA,

**Falling behind on your bills can feel overwhelming, but we are here to understand your situation.**

At Rausch Sturm, we understand that bad things happen and sometimes people fall behind on their obligations. Every day our Resolution Specialists work with people to find suitable payment arrangements to resolve their past due accounts.

We define our success by the positive outcomes we have reached with consumers on accounts placed in our office. We know you have a choice when it comes time to pay your bills each month and we sincerely appreciate you making our arrangement a priority.

The following are options that we can offer you to resolve your account:

**OPTION 1**

**Discounted Payment Plan**

**\$9,189.71 in two payments**

**First Payment Amount and Due Date**

**\$4,594.86 Due by 6/26/2018**

**Second Payment Amount and Due Date**

**\$4,594.85 Due by 7/26/2018**

**OPTION 2**

**Proposed Payment Plan on the \$15,316.19 Balance**

**\$91.17 Per month**

**First Payment Due Date**

**6/26/2018**

**Monthly Due Date**

**26th Of each month thereafter**

**Paying your bill is easy. Let's review your options:**



**ONLINE**

<https://www.rauschsturm.com/payment-options>



**BY PHONE**

**888-527-5991**



**BY MAIL**

Please send payments to:  
**Rausch Sturm**  
**250 N. Sunnyslope Road**  
**Suite 300**  
**Brookfield, WI 53005**

**Our team is ready to help you get back on the right track!**

**NOTICE: SEE REVERSE SIDE FOR IMPORTANT DISCLOSURE INFORMATION.**

**This communication is from a Debt Collector. This is an attempt to collect a debt and any information obtained will be used for that purpose.**

*Rausch Sturm is the tradename for Rausch, Sturm, Israel, Enerson & Hornik LLP*



RAUSCH STURM

## IMPORTANT DISCLOSURES

Please note that the payment dates listed on page 1 are the deadlines for your payments **to be received in our office**, not the dates for you to send them to us. If your first payment is not received by the due date listed on page 1, this offer will expire.

Additional offers may be made to you in the future. If made, the additional offers may be more or less favorable to you than this one. Please note, however, that our client is not obligating itself to make any further offers.

If you accept the above arrangement, your account will remain in a collection status which will continue until the entire amount to be paid under the arrangement has been received in our office. If for any reason you default on your payment arrangement, any payments you have made will be credited against the balance due on the account, however the payment arrangement will be void.

We have amicably resolved the accounts of many consumers and would like the opportunity to resolve your account as well. Please call our office at **(888) 527-5991** and let us try to find a resolution that fits your budget.

If you choose to make your payment by check, your check should be mailed to our office at the address listed above with your check payable to: DISCOVER BANK. Please include a copy of this letter with your check. Alternatively, your payment can be made on our web site at: **<https://www.rauschsturm.com/payment-options>**.

Settling a debt for less than the balance owed may have tax consequences and Discover may file a 1099C form. We cannot provide you with tax advise. If you have any questions, Discover encourages you to consult a tax adviser of your choosing.



\*01\*

## **ZIONS BANCORPORATION**

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April 27, 2018

**ABIEBA HAJWANIE**  
**125 NAVAJO CIRCLE**  
**EVANSTON, WY 82930**

*Your letter regarding: Visa ending in 7433*

Dear **ABIEBA HAJWANIE**,

Thank you for your letter of the above-identified matter. This letter is written in response thereto.

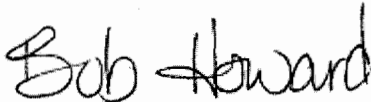
Please be advised that while you have the right under the Fair Credit Reporting Act ("FCRA"), 15 U.S.C. § 1681, *et seq.*, to dispute the accuracy of information appearing in your credit report, you are obligated to provide Zions Bank with sufficient information in your notice of dispute to enable Zions Bank to conduct an investigation with respect to the same. Pursuant to the provisions of the FCRA, your notice of dispute must contain the following information:

1. Identification of the specific information on your credit report that is being disputed;
2. An explanation of the basis for your dispute; and
3. Inclusion of all supporting documents required to substantiate the basis of your dispute.

Failure to include such information in your notice of dispute does not provide Zions Bank with sufficient information to investigate the disputed information.

Because your letter did not include this required information, Zions Bank is unable to process your request or undertake an investigation of your dispute. Upon receipt of the information identified above, however, Zions Bank will be happy to process your notice of dispute and respond to the same.

Sincerely,



Assistant Vice President  
Centralized Recovery  
Zions Bancorporation  
(801) 844-8119  
robert.howard@zionsbancorp.com

**Murray Finance**  
**4904 South State St**  
**Murray, UT 84107**  
**801-264-8400**

Dear Customer:

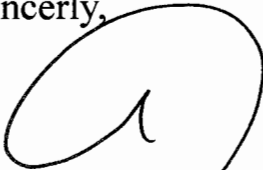
Abieba Hajwanie

If your financial circumstances make it impossible to pay the full amount due at this time, please let us know. You still have the **option to pay at least a minimum payment of**

\$58.-

Upon receipt, we will discuss your request for a special payment schedule with the Home Office Auditors, so that **you can avoid additional court actions, garnishments and repossession of property.**

Sincerely,



Branch Manager  
Murray Finance  
801-264-8400

DEPT 1009 4680476217070  
PO BOX 4115  
CONCORD CA 94524

P.O. Box 4000  
Rawlins, WY 82301  
(800) 442-2574 Ext. 6346

Office Hours:  
8AM-5PM Monday-Friday (MTN)

July 27, 2017

RETURN SERVICE REQUESTED



PERSONAL AND CONFIDENTIAL  
ABIEBA HAJWANIE  
125 NAVAJO CIR  
EVANSTON WY 82930-4518



**Re: SINCLAIR OIL CORPORATION**

For:

Client ID: 7386550

Account #: 03341703

**Total Due: \$372.74**

If you pay in full all collection activity will stop. This communication is from a debt collector.

The above referenced account has been turned over to this office for collection.

Would you like to pay your past due account?

**CALL 1-800-442-2574 ext. 6346**

Please call at your earliest convenience.

You may pay online with the information below or by returning this letter  
with your **credit card information, check, or money order.**

A consumer has the right to request in writing that a debt collector or collection agency cease further communication with the consumer. A written request to cease communication will not prohibit the debt collector or collection agency from taking any other action authorized by law to collect a debt.

**SEE REVERSE FOR IMPORTANT NOTICE.**



Pay online at <https://www.paydatacenter.com>

Access code: **paycci**

Acct#: **03341703**

Pin#: **53026**

**Or use our automated payment system at 1-888-235-0803**

*Scan the barcode with your smart phone or tablet to make a payment.*

Send the bottom portion of this notice back with your payment to be sure of proper credit.

CCC001-0725-896820826-00196-196

ABIEBA HAJWANIE

7386550



Account#: 03341703

COLLECTION CENTER  
PAYMENT PROCESSING CENTER  
PO BOX 4000  
RAWLINS WY 82301-0479



When paying with a credit card, please fill in the following information.			
<input checked="" type="checkbox"/> VISA	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Discover
Card Number		Exp. Date	
Name on Card		Credit Card Processing Fee \$6.00	
Phone	Total Amount to Charge on Card \$ = includes \$6 credit card fee.		
Signature <b>X</b>			
Email			
Re SINCLAIR OIL CORPORATION			Total Due \$372.74

Please use reverse side to update your information. ➔

Unless you, the consumer, notify this collection agency within thirty days after the receipt of this notice that you dispute the validity of the debt or any portion thereof, the debt will be assumed to be valid by this office. If you, the consumer, notify this collection agency in writing within thirty days after receipt of this notice, that the debt or any portion thereof is disputed, this collection agency will obtain verification of the debt or a copy of a judgment against you and a copy of such verification or judgment will be mailed to you by this collection agency. Upon your written request sent within thirty days after receipt of this notice, this collection agency will provide you with the name and address of the original creditor if different from the current creditor.

You are hereby notified that after 30 days from the date of this notice a negative credit report reflecting on your credit record may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations.

As of the date of this letter, you owe the balance listed on this notice for the account(s) referenced. Due to interest or other charges authorized by law that may vary from day to day, the amount due on the day you pay may be greater. For further information or to verify your payoff amount, please contact us.

For more information regarding your rights, please visit: <http://www.askdoctordebt.com>.

CCC001-0725-896820826-00196-196

Name:
Address:
City:
State:
Zip:
Home Phone Number:
Employer:
Work Phone Number:



**CollectionCenter, Inc.**

P.O. Box 4000 Rawlins, WY 82301 (800) 442-2574 Ext. 6346